

Pt. Name (last, first):	Stanford Hospital and Clinics, Stanford, CA 94305	
Address	Clinical Labs MOLECULAR PATHOLOGY (California CFTR Testing)	
Medical Record Number:	Date collected:	Time:
Sex: _____ DOB: _____ Race: _____	Collected by: _____ Lab _____ RT _____ Non-lab	
	Specimen type:	
<b>Ordering Physician:</b> _____		
<b>Ordering CF Center:</b> _____	<b>Fax to:</b>	Genetic Disease Screening Program
<b>CF Center Address:</b> _____		Attn: Dr. Martin Kharrazi
_____		850 Marina Bay Parkway, F175
_____		Richmond CA 94804
<b>CF Center Fax:</b> _____		<b>Fax: (510) 412-1511</b>
<b>CALL results to:</b> _____ <b>phone #</b> _____		
Additional information:		
<b>Test</b>		
<b>Cystic Fibrosis Parent Confirmation Sequence Analysis</b> _____ <b>Blood (CFTRPC)</b> <b>Please list mutations detected in child:</b> _____  <b>Please indicate original NBS Accession Number:</b> _____ Note: This is the number assigned to the infant's newborn screening specimen. Example: 123-45-678/21-2010-11		

**SPECIMEN REQUIREMENTS** - Use universal precautions for handling specimens

**PERIPHERAL BLOOD for DNA STUDIES**

2 or more mLs of aspirate in EDTA. No contact with heparin.

Ship at room temperature to be received within 48 hours of collection.

**SHIP TO:**

Stanford University Medical Center  
 Clinical Laboratory at Hillview, Specimen Processing  
 3375 Hillview Avenue  
 Palo Alto, CA 94304  
 (650) 723-6111

**Observe regulations for packaging and shipment of diagnostic specimens.**

**CONTACT INFORMATION**

1. For reports and results: call the Molecular Pathology Laboratory at (650) 723-6574 or fax (650) 498-2677
2. For urgent clinical assistance: page the on-call Molecular Fellow at (415) 607-0417